PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10715 441

CLAIMS AS FILED - PART I								SMALL ENTITY OTHER T				
_			(Column 1)		(Colu	(Column 2)		TYPE		OR	OR SMALL ENTITY	
TOTAL CLAIMS			4.					RATE	FEE	7.	RATE	FEE
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			# minus 20=		· 0			X\$ 9=		OR	X\$18=	
I	DEPENDENT C		1/	ninus 3 =	* 0	7		X43=		OR	X86=	
М	JLTIPLE DEPE	NDENT CLAIM F	PRESENT					+145≐		OR	+290=	
* 11	the difference	e in column 1 is	less than z	ess than zero, enter "0" in colu			L.	TOTAL		OR	TOTAL	70
CLAIMS AS AMENDED - PART II											OTHER	THAN
_	, -	(Column 1)	<u>, </u>	(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Ind pendent	*	Minus	***	CLAINA	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL		OR	TOTAL	
		A	DDIT. FEE 👢		,	ADDIT. FEE						
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIO	ST SER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	FEE
	Independent	*	Minus	***		=	┞	X43=	1		X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╽┠╌	7.10-		OR	7,00-	
	•									OR	+290=	
										OR ,	TOTAL ODIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	_	=		X43=		_ [X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT (·	7.40=		OR	700=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "High of Alumbor Programs Paid Fort N. 77.10 00005; to 100000000000000000000000000000000000										OR	+290=	
**	** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE	
ī	he *Highest Num	ber Previously Paid	For (Total or	Independen	t) is the l	highest number	found	in the appr	priatė box			